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PE 408

PTO/SB/17 (01-05)

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|---|---|----------------------------|------------|----------------------------|----------|--------------------------|----------------|-----------|--|
| Fees oursuant to | the Consolidated Appro | Complete if Known | | | | | | | |
| FEE TRANSMITTAL For FY 2006 | | | | Application Number 10 | | 10/625,591-Conf. #7954 | | | |
| | | | | Filing Date J | | July 24, 2003 | | | |
| | | | | First Named Inventor | | Takuya HORIGUCHI | | | |
| | | Examiner Name F | | P. D. Mulcahy | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit 1 | | 1713 | ,- | - | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,810.00 | | | | Attorney Docke | t No. | 1403-0253P | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| x Check Credit Card Money Order None Other (please identify): | | | | | | | | | |
| Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | |
| | F | ILING FEES | | ARCH FEES | | IATION FEES | | | |
| Application T | ype Fee (| Small Entity \$) Fee (\$) | Fee (\$ | Small Entity) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees | Paid (\$) | |
| Utility | 300 | | 500 | 250 | 200 | 100 | | | |
| Design | 200 | | 100 | 50 | 130 | 65 | | | |
| Plant | 200 | | 300 | 150 | 160 | 80 | | | |
| Reissue | 300 | | 500 | 250 | 600 | 300 | | | |
| Provisional | 200 | | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | | |
| Fee (\$) Fee (\$) | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | | 25 | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | 100 | |
| Multiple depen | | | | 360 | 180 | | | | |
| Total Claims | | | | Paid (\$) | <u>M</u> | ultiple Depende | ent Claims | į | |
| 13 x = | | | | <u>Fe</u> | e (\$) | Fee Paid (| <u>\$)</u> | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee | | | Paid (\$) | | | | | | |
| | -3= | × = | | | | | | | |
| HP = highest nun | ber of independent claim | s paid for, if greater to | han 3. | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | |
| - 100 = /50 (round up to a whole number) x = | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 | | | | | | | | | |
| Omer (e.g., | 1253 Extension for response within third month 1,020.00 | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature | | | | Registration No. 32,868 To | | Telephone | (703) 205-8000 | | |
| Name (Print/Type) Andrew D. Meikle | | | | (Attorney/Agent) | | Date | August 1 | | |
| radine (Fillio Lype) | Andrew 20. WERK | E | | | | Date | August I | , U, ZUUU | |

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